

Program Inspection Compliance Plan

Provider's Name: **SS. Peter & Paul OST Program** City: **Pierre**

Provider Number: **010610017**

Inspector: **Sarah Deakins**

Date of Inspection: **07/30/2024**

Time of Inspection: **10:05 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

WB - Orientation Complete, Training
KD - Orientation Complete, CPR, Training
EO - CPR
TP - Orientation Complete
MR - Orientation Complete

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/20/2024

Actual
Completion
Date:

09/19/2024

Status: **Corrected**

Becky Walsh

Provider Signature

10/01/2024

Date

Sarah Deakins

Inspector Signature

10/01/2024

Date